

<b>Case Number:</b>	CM15-0140554		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	11/07/2011
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 33 year old male, who sustained an industrial injury on 11-7-2011. The mechanism of injury is unknown. The injured worker was diagnosed as having wrist tendinitis, cervicgia and disorder of bursae and tendons in the shoulder region. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, TENS (transcutaneous electrical nerve stimulation) trial and medication management. In a progress note dated 6-3-2015, the injured worker complains of pain in the neck, right shoulder, right elbow, right arm, right wrist and hand with numbness and tingling. Physical examination showed right cervical paraspinal tenderness and right wrist and lateral epicondyle tenderness. The treating physician is requesting one transcutaneous electrical nerve stimulator unit purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**One transcutaneous electrical nerve stimulator unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS Page(s): 113-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, p114.

**Decision rationale:** The claimant sustained a work-related injury in November 2011 and is being treated for neck and right upper extremity pain. Use of TENS at home is referenced since at least January 2015. When seen, the claimant reported that a trial of TENS had been beneficial and was requesting a home unit. There was decreased cervical range of motion with right sided tenderness. There was lateral epicondyle and radial wrist tenderness. Surgery was pending. Authorization for purchase of a TENS unit was requested. A one-month home-based trial of TENS may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented outcome or frequency of use information from the TENS trial. Therefore this request to purchase a TENS unit cannot be accepted as being medically necessary.